of these cases there had been a difficult labour); in a third case there had been puerperal pelvic peritonitis. The tubes were found covered with false membranes, matted to the ovaries, and adherent to the pelvic peritoneum.

In three of the cases the tubes were on one or the other side, distended with blood and clots to the size of a pigeon's or hen's egg; opening closed. Generally, both were affected, and in one case, where muco-pus occupied the tubes, the ovaries had suppurated. This was the case where there had been pelvic peritonitis.

On a minute examination Professor Cornil found in the specimens from three of the patients a similar condition. The principal change occurred in the mucous membrane which was hypertrophied, its folds exaggerated to form long and multiple fringes, partly filling the cavity. Where blood distended the tubes these fringes were flattened and atrophied: where there was muco-pus the vegetations were thickened and contained numerous embryonic cells. Orifices of bell-shaped openings were closed, fringes either atrophied and gone or thick and hypertrophied. Adhesions and bands united the tubes to the ovaries and to the peritoneum. The ovaries were enlarged, substance slightly altered, surface covered by false membranes.

The condition was summed up as inflammation of the lining of the tubes, which the clinical history showed to have begun in the uterus, spread outwards and after traversing the tubes caused localized peritonitis on and near the ovary, thus giving rise to the pain there. The hæmorrhage was due to the increased vascularity of the mucous membrane, the nervous and digestive symptoms to the reflex effects of the localised irritation. The organic lesions explained the uselessness of medical treatment of the symptoms and the necessity for surgical interference.—*Le Bull. Med.*, June 1, 1887.

VI. **Gonorrhœal Salpingitis.** By M. CORNIL (Paris). M. Cornil found acute bilateral salpingitis in the case of a young woman who died of pneumonia, and who at the time was suffering from gonorrhœa. On account of the delirium the date of the gonorrhœa could not be ascertained. There was exudation in tubes with numerous epithelial cells, but no gonococci were detected, papillary vegetation

of large size and extremely vascular. Cornil thinks that vascularity is the main difference between the vegetation of this and of the simple form of salpingitis which often follows confinement.—*Le Bull. Med.*, May 29.

VII. Laparo-Elytrotomy. GANZINETTI. The main part of this paper is acknowledged to be taken from a pamphlet by Dr. Clark, of Brooklyn.

Contractions of the pelvis necessitate two distinct kinds of operation:

1. Those which involve the death of the fœtus, such as craniotomy, cephalotripsy and embryotomy and their modifications.

2. Those which respect the life of the fœtus, *i. e.*, Porro's operation, one of necessity; and Sänger's or modern Cæsarean section and laparo-elytrotomy, both operations of choice.

Ganzinetti believes that soon the first group of operations will be rejected when the infants are living and for dead ones when the pelvis has more than a medium contraction 65 mm. ($2^1/_2$ inches), because in extreme contraction laparotomy seems to involve less danger to the mother than craniotomy, etc. Formerly, when the mortality of Cæsarean section was from 36% to 60% it was held that this operation should not be performed without the mother's consent, offering her the choice between a greater risk to herself and the certain death of her child. Now, however, that the mortality of Cæsarean section has been reduced to 10%, or about the same as craniotomy, the question is one of choice between the two different methods of laparotomy, Sänger's or laparo-elytrotomy. [For details of the former we are referred to *Annals of Gynecology*, March to June, 1886]. The latter operation is preferred for reasons stated later.

The object of this operation is to reach and open the upper parts of the vagina above the brim of the pelvis, by dividing the abdominal wall down to the peritoneum, and turning this aside until the vaginal wall is reached.

Although out of 14 recorded cases, there are 9 deaths, 4 of these must be put down to mistakes in operating, and in the 5 others the patient was so feeble at the operation, after previous efforts at craniot-